

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.	101812044	FILING DATE
APPLICANT(S)		

1013105

CLAIMS

	AS FILED		'AFTER' 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		2				
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TOTAL CLAIMS		10				

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